

# FOOD STAMP REPAYMENT AGREEMENT FOR INADVERTENT HOUSEHOLD ERRORS ONLY

NAME

CASE NUMBER

WORKER

CASE NAME

ADDRESS

## TERMS AND CONDITIONS

You or a member of your household made a mistake.

You must repay extra food stamp benefits by using one or more methods listed here:

1. Lump Sum Payment - You may repay all or part of the amount owed at one time with cash and/or coupons.
2. Benefit Reduction - If you are getting food stamps now, you may repay by having your household's benefits reduced for all or part of the amount owed. Repayment by this method will be 10% of your monthly benefit or \$10 each month, whichever is more.
3. Installments - You may repay all or part of the amount owed in monthly payments with cash and/or coupons.

### 4. Ordered Repayment

- ☐ The court or Administrative Law Judge ordered that you repay as indicated below. These repayment terms cannot be changed by you or by the county.

If we have not already talked to you about the terms of this Agreement, or if you have any questions, call the welfare collector at \_\_\_\_\_.

After you complete and sign this Agreement, return all copies to the county in the envelope provided. Do not send cash or coupons through the mail with this Agreement. When approved by the county, a signed copy of this Agreement will be sent to you.

## AGREEMENT

I, \_\_\_\_\_, understand this Agreement is between me and \_\_\_\_\_ County because extra food stamps in the amount of \$ \_\_\_\_\_ were issued. I agree to repay this amount by the method(s) checked below:

- ☐ Lump Sum Payment
- ☐ I will repay by a lump sum cash payment of \$ \_\_\_\_\_ due on \_\_\_\_\_.
- ☐ I will repay by a lump sum coupon payment of \$ \_\_\_\_\_ due on \_\_\_\_\_.
- ☐ Benefit Reduction
- ☐ I will repay by having my household's benefits reduced by \$ \_\_\_\_\_ each month, beginning \_\_\_\_\_.
- ☐ Installments
- ☐ I will repay by monthly cash payments of \$ \_\_\_\_\_ due on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_.
- ☐ I will repay by monthly coupon payments of \$ \_\_\_\_\_ due on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_.

I also understand and agree that:

1. My repayment schedule is based on my current ability to pay as figured by the county. Any changes in my ability to pay may change my monthly payments.
2. If anything changes I may ask the county to refigure the terms checked above.
3. If I do not pay as agreed and I do not get a new payment schedule, the county may ask that the total amount owed be paid now.
4. If I do not pay as agreed and the county sues me to collect the amount owed, I may also be required to pay collection costs, attorney fees, and court costs.
5. If I do not pay, the county may take my state income tax refund and/or ask the court to attach my wages or any property I own.
6. If this inadvertent household error is later found to be an intentional program violation, penalties will apply even if I pay back what I owe.

Signature

Date

County

## To be completed by the county:

The above signed Agreement has been accepted by \_\_\_\_\_ on \_\_\_\_\_ Date  
for \_\_\_\_\_ County. Payments should be made at:

\_\_\_\_\_  
(Signature of Authorized County Official)